

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 101088524 FILING DATE 01 APR 2002

APPLICANT(S) Salave

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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TOTAL IND.	4		3		3	
TOTAL DEP.	8	→	16	→	21	→
TOTAL CLAIMS	12		24		29	

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TOTAL IND.		→	
TOTAL DEP.		→	
TOTAL CLAIMS			